

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC PLAN 630 FIC08198-1998019
 ATTENTION : MS BARBARA CRISTINI RENTITANCE NUMBER 2000-840
 DISBURSEMENT DATE : 02/29/2000 PAGE NUMBER 20

PAYMENT SUMMARY INFORMATION

CODE	YEAR	CLAIMS SUBMITTED	HIGH	STANDARD	TOTAL	AMOUNT PAID	DATE
01	99	CLMS SUB NOT APP	1,312	1,222	2,534	164,576.75	02/25/2000
02	99	CLMS SUB NOT APP	1,279CR	495CR	1,774CR	23,267.67CR	02/25/2000
01	00	CLMS SUBMITTED	69	2,022	2,091	229,051.00	02/25/2000
02	00	CLMS SUB NOT APP	16CR	32CR	34CR	37.50	02/25/2000
DISBURSEMENT TOTAL			66	2,421	2,595	367,609.56	

SUMMARY OF BATCHES
 AMOUNT PAID APPLIED TO REFUNDS 0.00
 NUMBER OF GROSS CHARGE LINES 7,047
 GROSS COVERED CHARGES 5,291,955.86
 NET COVERED CHARGES 1,729,037.30

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC PLAN 168 FIC08198-1998019
 ATTENTION : ROBERT B FLEMING RENTITANCE NUMBER 2000-839
 DISBURSEMENT DATE : 02/29/2000 PAGE NUMBER 31

PAYMENT SUMMARY INFORMATION

CODE	YEAR	CONTRACT AET EXP	HIGH	STANDARD	TOTAL	AMOUNT PAID	DATE
10	99	CONTRACT AET EXP 01312000				72,754.75	02/29/2000
44	98	OFFSETTING ENTRY				72,754.75CR	02/29/2000
11	98	DEB CLAIM ALLOC 01312000				1,026,598.43	02/29/2000
44	98	OFFSETTING ENTRY				1,026,598.43CR	02/29/2000
14	98	DEMAND NOT				13,126.70	02/29/2000
44	98	OFFSETTING ENTRY				13,126.70CR	02/29/2000
56	98	RPP BENEFIT 01312000				785,598.24	02/29/2000
44	98	OFFSETTING ENTRY				785,598.24CR	02/29/2000
39	98	RPP ALLOC				79,739.25	02/29/2000
44	98	OFFSETTING ENTRY				79,739.25CR	02/29/2000
41	98	CROSS-PLAN MILEN ADJ				310,711.28	02/29/2000
41	98	OFFSETTING ENTRY				310,711.28CR	02/29/2000
23	98	PRGM INTEREST INC ADJ				53,981.95CR	02/29/2000
44	98	OFFSETTING ENTRY					
DISBURSEMENT TOTAL						1,60039	

SUMMARY OF BATCHES
 AMOUNT PAID APPLIED TO REFUNDS 0.00
 NUMBER OF GROSS CHARGE LINES 0
 GROSS COVERED CHARGES 0.00
 NET COVERED CHARGES 0.00

1.6220000000000000
 7.0000000000000000
 0.0000000000000000

Query Name: GLC7501_V FOREIGN_JRNL_BUTTON_

s Unit: AICI
 dger: ACTUAL

Page: 1

Run Date: 03/27/2000

Journal ID: FEP31 Journal Date: 03/31/2000

scription: To Record Mail Order Drug & Retail Pharmacy (Paycodes 11 & 38) Source: NME Acctg Per: 3 Journal Status: N Reversal: None Reversal Date:

ic	Product	Account	AB	AFIL	Dept	Proj	Subdv	Rsk	Cov	LOB	HSA	Project	Debit Amount	Credit Amount	Stat Amount	Reference#	Line Description
	NFEP	70300040						40	130	21	95	OH000	5,181,378.23	0.00	0.00		Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	OH000	0.00	-5,181,378.23	0.00		Prem Direct-SA-Pd Clm
	NFEP	70300040						40	130	21	95	IN000	3,733,953.60	0.00	0.00		Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	IN000	0.00	-3,733,953.60	0.00		Prem Direct-SA-Pd Clm
	NFEP	70300040						40	130	21	95	KY000	3,091,178.76	0.00	0.00		Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	KY000	0.00	-3,091,178.76	0.00		Prem Direct-SA-Pd Clm
												Totals	12,006,510.59	-12,006,510.59	0.00		

PLAN NAME : COMMUNITY MUTUAL INSURANCE COMPANY
 ATTENTION : KAY KRAKE CW2 272
 DISBURSEMENT DATE : 03/22/2000

PLAN 332

FT400198-19980010
 REMITTANCE NUMBER 2000-003
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT		EXPLANATION	ITEMS PAID		TOTAL	HIGH	AMOUNT PAID		TOTAL	DATE
CODE	YEAR		HIGH	STANDARD			STANDARD		PROCESSED	
11	40	DRUG CLAIM ALLOC 02292000						3,087,098.51	03/22/2000	
44	40	OFFSETTING ENTRY						3,087,098.51CR	03/22/2000	
38	40	RPP BENEFIT 02292000						2,094,279.72	03/22/2000	
44	40	OFFSETTING ENTRY						2,094,279.72CR	03/22/2000	
39	40	RPP ALLOC 02292000						102,562.22	03/22/2000	
44	40	OFFSETTING ENTRY						102,562.22CR	03/22/2000	

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

HDR1*****FT48RPTS**B*****

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
 ATTENTION : MS BARBARA GRIFFITH
 DISBURSEMENT DATE : 03/23/2000

PLAN 650

FT400190-19900010
 REMITTANCE NUMBER 2000-969
 PAGE NUMBER 28

PAYMENT SUMMARY INFORMATION
 PYMT CONTRACT EXPLANATION
 CODE YEAR

		ITEMS PAID				AMOUNT PAID			DATE
		HIGH	STANDARD	TOTAL	HIGH	STANDARD	TOTAL		PROCESSED
01	39 CLAIMS SUBMITTED	2,272	700	2,972	7,799.47CR	89,493.91	81,694.44		03/21/2000
02	39 CLMS SUB NOT APP	2,245CR	226CR	2,471CR	10,911.14	299.31CR	10,611.83		03/21/2000
01	40 CLAIMS SUBMITTED	185	4,151	4,336	10,298.77	289,976.17	300,274.94		03/21/2000
02	40 CLMS SUB NOT APP	70CR	847CR	917CR	299.17	120.89	428.06		03/21/2000
DISBURSEMENT TOTAL		142	3,778	3,920	13,709.61	379,299.66	393,009.27		

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS 0.00
 NUMBER OF GROSS CHARGE LINES 12,933
 GROSS COVERED CHARGES 4,072,570.55
 NET COVERED CHARGES 1,292,569.24

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
 ATTENTION : MS BARBARA GRIFFITH
 DISBURSEMENT DATE : 03/22/2000

PLAN 130

FT400190-19900010
 REMITTANCE NUMBER 2000-904
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION
 PYMT CONTRACT EXPLANATION
 CODE YEAR

		ITEMS PAID				AMOUNT PAID			DATE
		HIGH	STANDARD	TOTAL	HIGH	STANDARD	TOTAL		PROCESSED
11	40 DRUG CLAIM ALLOC 02292000						2,173,379.24		03/22/2000
44	40 OFFSETTING ENTRY						2,173,379.24CR		03/22/2000
14	40 DEMAND MGT 02292000						21,180.84		03/22/2000
44	40 OFFSETTING ENTRY						21,180.84CR		03/22/2000
38	40 RPP BENEFIT 02292000						1,560,574.38		03/22/2000
44	40 OFFSETTING ENTRY						1,560,574.38CR		03/22/2000
39	40 RPP ALLOC 02292000						78,226.84		03/22/2000
44	40 OFFSETTING ENTRY						78,226.84CR		03/22/2000

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS 0.00
 NUMBER OF GROSS CHARGE LINES 0
 GROSS COVERED CHARGES 0.00
 NET COVERED CHARGES 0.00

0-0

2,173,379.24
 1,560,574.38
 3,733,953.62

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC PLAN 660 FT400198-19980010 660057
 ATTENTION : ROBERT B FLEMING REMITTANCE NUMBER 2000-057 660057
 DISBURSEMENT DATE : 03/23/2000 PAGE NUMBER 22 660057

PAYMENT SUMMARY INFORMATION
 PYMT CONTRACT EXPLANATION
 CODE YEAR

		ITEMS PAID		TOTAL	HIGH	AMOUNT PAID	TOTAL	DATE
		HIGH	STANDARD			STANDARD		PROCESSED
01	39 CLAIMS SUBMITTED		575	2,085	39,663.67	14,023.67	53,684.14	03/16/2000
02	39 CLMS SUB NOT APP	1,501CR	295CR	1,796CR	39,408.42CR	340.33	39,068.09CR	03/16/2000
01	40 CLAIMS SUBMITTED		186	2,035	3,791.55	115,273.31	118,974.81	03/16/2000
02	40 CLMS SUB NOT APP	38CR	017CR	655CR	238.14		238.14	03/16/2000
01	39 CLAIMS SUBMITTED		21	990	2,017.52	3,220.07CR	403.15CR	03/21/2000
02	39 CLMS SUB NOT APP	949CR	4CR	973CR	2,017.52CR		2,017.52CR	03/21/2000
01	40 CLAIMS SUBMITTED		173	174	30.78	4,397.61	4,428.39	03/21/2000
02	40 CLMS SUB NOT APP		18CR	18CR				03/21/2000
DISBURSEMENT TOTAL		78	2,754	2,832	4,220.67	139,014.05	135,834.72	660057

SUMMARY OF BATCHES
 AMOUNT PAID APPLIED TO REFUNDS 31.00CR 660057
 NUMBER OF GROSS CHARGE LINES 11,740 660057
 GROSS COVERED CHARGES 1,272,396.44 660057
 NET COVERED CHARGES 476,287.59 660057

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC PLAN 660 FT400198-19980010 160056
 ATTENTION : ROBERT B FLEMING REMITTANCE NUMBER 2000-056 160056
 DISBURSEMENT DATE : 03/22/2000 PAGE NUMBER 01 160056

PAYMENT SUMMARY INFORMATION
 PYMT CONTRACT EXPLANATION
 CODE YEAR

		ITEMS PAID		TOTAL	HIGH	AMOUNT PAID	TOTAL	DATE
		HIGH	STANDARD			STANDARD		PROCESSED
19	40 CONTRACT AGT EXP 02292000						50,641.11	03/22/2000
44	40 OFFSETTING ENTRY						50,641.11CR	03/22/2000
11	40 DRUG CLAIM ALLOC 02292000						1,773,304.21	03/22/2000
44	40 OFFSETTING ENTRY						1,773,304.21CR	03/22/2000
14	40 DEMAND MGT 02292000						15,132.42	03/22/2000
44	40 OFFSETTING ENTRY						15,132.42CR	03/22/2000
38	40 RPP BENEFIT 02292000						1,317,874.55	03/22/2000
44	40 OFFSETTING ENTRY						1,317,874.55CR	03/22/2000
39	40 RPP ALLOC 02292000						60,500.50	03/22/2000
44	40 OFFSETTING ENTRY						60,500.50CR	03/22/2000
DISBURSEMENT TOTAL								160056

SUMMARY OF BATCHES
 AMOUNT PAID APPLIED TO REFUNDS 0.00 160056
 NUMBER OF GROSS CHARGE LINES 0 160056
 GROSS COVERED CHARGES 0.00 160056
 NET COVERED CHARGES 0.00 160056

Query Name: GLC7501 REIGN_JRNL_BUTTON

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Page: 1

Run Date: 04/27/2000

Journal ID: FEP31 Journal Date: 04/30/2000

Description: To Record Mail Order Drug and Retail Pharmacy (Paycodes 11 & Source: NME Acctg Per: 4 Journal Status: N Reversal: None Reversal Date:

Line	Product	Account	AB	Affil	Dept	Proj	Subdy	Rsk	Coy	LOB	HSA	Project	Debit Amount	Credit Amount	Stat Amount	Reference#	Line Description
	NFEP	70300040						40	130	21	95	OH000	5,789,003.55	0.00	0.00		Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	OH000	0.00	-5,789,003.55	0.00		Prem Direct-SA-Pd Clm
	NFEP	70300040						40	130	21	95	IN000	4,326,188.98	0.00	0.00		Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	IN000	0.00	-4,326,188.98	0.00		Prem Direct-SA-Pd Clm
	NFEP	70300040						40	130	21	95	KY000	3,527,496.89	0.00	0.00		Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	KY000	0.00	-3,527,496.89	0.00		Prem Direct-SA-Pd Clm
												Totals	13,642,689.42	-13,642,689.42	0.00		

PLAN NAME : COMMUNITY MUTUAL INSURANCE COMPANY
 ATTENTION : KAY KRAKE CW2 272
 DISBURSEMENT DATE : 04/24/2000

PLAN 332 FT400198-19980010
 REMITTANCE NUMBER 2000-004
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT		EXPLANATION	ITEMS PAID			AMOUNT PAID		DATE
CODE	YEAR		HIGH	STANDARD	TOTAL	HIGH	STANDARD	PROCESSED
11	40	DRUG CLAIM ALLOC 03312000						2,203,100.01 04/24/2000
44	40	OFFSETTING ENTRY						2,203,100.01CR 04/24/2000
38	40	RPP BENEFIT 03312000						3,585,903.54 04/24/2000
44	40	OFFSETTING ENTRY						3,585,903.54CR 04/24/2000
39	40	RPP ALLOC 03312000						46,851.43 04/24/2000
44	40	OFFSETTING ENTRY						46,851.43CR 04/24/2000

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

5,789,003.55

HDR1*****FT48RPTS**B*****

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
 ATTENTION : MS BARBARA GRIFFITH
 DISBURSEMENT DATE : 04/24/2000

PLAN 130

FT400196-19980010
 REMITTANCE NUMBER 2000-006
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

CODE	YEAR	CONTRACT	EXPLANATION	ITEMS PAID		TOTAL	HIGH	AMOUNT PAID		DATE PROCESSED
				HIGH	STANDARD			STANDARD	TOTAL	
11	40		DRUG CLAIM ALLOC 03312000						1,580,130.76	04/24/2000
44	40		OFFSETTING ENTRY						1,580,130.76CR	04/24/2000
14	40		DEMAND MGT 03312000						37,118.97	04/24/2000
44	40		OFFSETTING ENTRY						37,118.97CR	04/24/2000
38	40		RPP BENEFIT 03312000						2,746,056.20	04/24/2000
44	40		OFFSETTING ENTRY						2,746,056.20CR	04/24/2000
39	40		RPP ALLOC 03312000						35,186.12	04/24/2000
44	40		OFFSETTING ENTRY						35,186.12CR	04/24/2000
44	39		EARNED SERVICE CHARGE						2,900,113.52	04/24/2000
44	39		OFFSETTING ENTRY						2,900,113.52CR	04/24/2000
47	39		SCII INTEREST INCOME						116,528.48	04/24/2000
44	39		OFFSETTING ENTRY						116,528.48CR	04/24/2000
45	39		SERVICE CHARGE EXPENSE						497,797.73	04/24/2000
44	39		OFFSETTING ENTRY						497,797.73CR	04/24/2000
90	39		SERVICE CHARGE						2,510,644.26	04/24/2000
DISBURSEMENT TOTAL									2,510,644.26	

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

4,326,188.98

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
 ATTENTION : MS BARBARA GRIFFITH
 DISBURSEMENT DATE : 04/24/2000

PLAN 630

FT400196-19980010
 REMITTANCE NUMBER 2000-004
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

CODE	YEAR	CONTRACT	EXPLANATION	ITEMS PAID		TOTAL	HIGH	AMOUNT PAID		DATE PROCESSED
				HIGH	STANDARD			STANDARD	TOTAL	
10	40		CONTRACT AGT EXP 03312000						93,207.34	04/24/2000
44	40		OFFSETTING ENTRY						93,207.34CR	04/24/2000
DISBURSEMENT TOTAL										

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
 ATTENTION : ROBERT B FLEMING
 DISBURSEMENT DATE : 04/25/2000

PLAN 660

FT400196-19980010
 REMITTANCE NUMBER 2000-001
 PAGE NUMBER 28

160000
 160000
 160000

PAYMENT SUMMARY INFORMATION
 PYMT CONTRACT EXPLANATION

CODE	YEAR	EXPLANATION	ITEMS PAID			TOTAL	HIGH	AMOUNT PAID		TOTAL	DATE
			HIGH	STANDARD	STANDARD			STANDARD			
01	99	CLAIMS SUBMITTED	2,405	318	2,723	8,966.01	13,243.49	22,209.50	04/18/2000		
02	99	CLMS SUB NOT APP	2,598CR	99CR	2,697CR	8,806.43CR	526.81	6,276.82CR	04/18/2000		
01	40	CLAIMS SUBMITTED	151	3,489	3,640	4,143.65	107,555.03	111,696.68	04/18/2000		
02	40	CLMS SUB NOT APP	47CR	519CR	566CR	4,221.29	421.47	4,221.47	04/18/2000		
01	99	CLAIMS SUBMITTED	78		78	4,215.57CR	124.36	4,345.67	04/21/2000		
02	99	CLMS SUB NOT APP	77CR		77CR			4,215.57CR	04/21/2000		
01	40	CLAIMS SUBMITTED		28	28		828.14	828.14	04/21/2000		

DISBURSEMENT TOTAL 112 3,197 3,589 4,302.75 122,701.32 127,095.07 160000

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS 0.00
 NUMBER OF GROSS CHARGE LINES 13,099
 GROSS COVERED CHARGES 1,308,423.72
 NET COVERED CHARGES 549,361.98

160000
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 160000
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 160000

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
 ATTENTION : ROBERT B FLEMING
 DISBURSEMENT DATE : 04/24/2000

PLAN 160

FT400196-19980010
 REMITTANCE NUMBER 2000-000
 PAGE NUMBER 01

160000
 160000
 160000

PAYMENT SUMMARY INFORMATION
 PYMT CONTRACT EXPLANATION

CODE	YEAR	EXPLANATION	ITEMS PAID			TOTAL	HIGH	AMOUNT PAID		TOTAL	DATE
			HIGH	STANDARD	STANDARD			STANDARD			
10	40	CONTRACT AGT EXP 03312000						35,163.70	04/24/2000		
44	40	OFFSETTING ENTRY						35,163.70CR	04/24/2000		
11	40	DRUG CLAIM ALLOC 03312000						1,278,141.85	04/24/2000		
44	40	OFFSETTING ENTRY						1,278,141.85CR	04/24/2000		
14	40	DEMAND MGT 03312000						26,531.11	04/24/2000		
44	40	OFFSETTING ENTRY						26,531.11CR	04/24/2000		
38	40	RPP BENEFIT 03312000						2,249,355.84	04/24/2000		
44	40	OFFSETTING ENTRY						2,249,355.84CR	04/24/2000		
39	40	RPP ALLOC 03312000						31,636.87	04/24/2000		
44	40	OFFSETTING ENTRY						31,636.87CR	04/24/2000		

DISBURSEMENT TOTAL 160000

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS 0.00
 NUMBER OF GROSS CHARGE LINES 0
 GROSS COVERED CHARGES 0.00
 NET COVERED CHARGES 0.00

160000
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3,527,496.89

Query Name: GLC750 REIGN_JRNL_BUTTON_

Unit: Actual
Type: ACTUAL

Page: 1

Run Date: 05/31/2000

Journal ID: FEP31 Journal Date: 05/31/2000

Description: To Record Mail Order Drug and Retail Pharmacy (Paycodes 11 & Source: NME Acctg Per: 5 Journal Status: N Reversal: None Reversal Date:

Bus Div/	Product	Account	AB	Affil	Dept	Proj	Subdv	Rsk	Cov	LOB	HSA	Project	Debit Amount	Credit Amount	Stat Amount	Reference#	Line Description
	NFEP	70300040						40	130	21	95	IN000	3,298,204.13	0.00	0.00		Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	IN000	0.00	-3,298,204.13	0.00		Prem Direct-SA-Pd Clm
	NFEP	70300040						40	130	21	95	KY000	2,726,482.51	0.00	0.00		Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	KY000	0.00	-2,726,482.51	0.00		Prem Direct-SA-Pd Clm
												Totals	6,024,686.64	-6,024,686.64	0.00		

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
 ATTENTION : MS BARBARA GRIFFITH
 DISBURSEMENT DATE : 05/19/2000

PLAN 130

FT400198-19980010
 REMITTANCE NUMBER 2000-000
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION
 PYMT CONTRACT EXPLANATION

CODE	YEAR	EXPLANATION	ITEMS PAID		TOTAL	HIGH	AMOUNT PAID		DATE PROCESSED
			HIGH	STANDARD			STANDARD	TOTAL	
A1	40	GROSS PREM WRITTEN 1STQTR						10,733,277.84	05/19/2000
44	40	OFFSETTING ENTRY						10,733,277.84CR	05/19/2000
A3	40	PRGM INTEREST INC 1STQTR						74,954.21	05/19/2000
44	40	OFFSETTING ENTRY						74,954.21CR	05/19/2000
11	40	DRUG CLAIM ALLOC 04302000						1,521,103.21	05/19/2000
44	40	OFFSETTING ENTRY						1,521,103.21CR	05/19/2000
14	40	DEMAND MGT 04302000						15,985.35	05/19/2000
44	40	OFFSETTING ENTRY						15,985.35CR	05/19/2000
38	40	RPP BENEFIT 04302000						1,777,100.92	05/19/2000
44	40	OFFSETTING ENTRY						1,777,100.92CR	05/19/2000
39	40	RPP ALLOC 04302000						60,759.87	05/19/2000
44	40	OFFSETTING ENTRY						60,759.87CR	05/19/2000
A1	39	GROSS PREM.WRIT.ADJ						1,090,600.29	05/19/2000
44	39	OFFSETTING ENTRY						1,090,600.29CR	05/19/2000
A3	39	INTEREST INC ADJ						196,014.97	05/19/2000
44	39	OFFSETTING ENTRY						196,014.97CR	05/19/2000

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
 ATTENTION : MS BARBARA GRIFFITH
 DISBURSEMENT DATE : 05/19/2000

PLAN 630

FT400198-19980010
 REMITTANCE NUMBER 2000-104
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION
 PYMT CONTRACT EXPLANATION

CODE	YEAR	EXPLANATION	ITEMS PAID		TOTAL	HIGH	AMOUNT PAID		DATE PROCESSED
			HIGH	STANDARD			STANDARD	TOTAL	
A1	40	GROSS PREM WRITTEN 1STQTR						30,069,046.28	05/19/2000
44	40	OFFSETTING ENTRY						30,069,046.28CR	05/19/2000
A3	40	PRGM INTEREST INC 1STQTR						207,461.26	05/19/2000
44	40	OFFSETTING ENTRY						207,461.26CR	05/19/2000
10	40	CONTRACT AGT EXP 04302000						99,902.11	05/19/2000
44	40	OFFSETTING ENTRY						99,902.11CR	05/19/2000
A1	39	GROSS PREM.WRIT.ADJ						2,526,039.60	05/19/2000
44	39	OFFSETTING ENTRY						2,526,039.60CR	05/19/2000
A3	39	INTEREST INC ADJ						454,006.29	05/19/2000
44	39	OFFSETTING ENTRY						454,006.29CR	05/19/2000

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
 ATTENTION : ROBERT B FLEMING
 DISBURSEMENT DATE : 05/19/2000

PLAN 160

FT400190-19900010
 REMITTANCE NUMBER 2000-099
 PAGE NUMBER 01

160099
 160099
 160099

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION

CODE	YEAR	EXPLANATION	ITEMS PAID		TOTAL	HIGH	AMOUNT PAID		TOTAL	DATE	PROCESSED
			HIGH	STANDARD			STANDARD				
A1	40	GROSS PREM WRITTEN 1STQTR							20,309,416.96	05/19/2000	160099
44	40	OFFSETTING ENTRY							20,309,416.96CR	05/19/2000	160099
A3	40	PRGM INTEREST INC 1STQTR							140,124.74	05/19/2000	160099
44	40	OFFSETTING ENTRY							140,124.74CR	05/19/2000	160099
10	40	CONTRACT AGT EXP 04302000							46,502.28	05/19/2000	160099
44	40	OFFSETTING ENTRY							46,502.28CR	05/19/2000	160099
11	40	DRUG CLAIM ALLOC 04302000							1,213,584.99	05/19/2000	160099
44	40	OFFSETTING ENTRY							1,213,584.99CR	05/19/2000	160099
14	40	DEMAND MGT 04302000							11,415.45	05/19/2000	160099
44	40	OFFSETTING ENTRY							11,415.45CR	05/19/2000	160099
58	40	RPP BENEFIT 04302000							1,512,897.52	05/19/2000	160099
44	40	OFFSETTING ENTRY							1,512,897.52CR	05/19/2000	160099
59	40	RPP ALLOC 04302000							55,345.19	05/19/2000	160099
44	40	OFFSETTING ENTRY							55,345.19CR	05/19/2000	160099
A1	39	GROSS PREM WRIT ADJ							1,516,736.49	05/19/2000	160099
44	39	OFFSETTING ENTRY							1,516,736.49CR	05/19/2000	160099
A3	39	INTEREST INC ADJ							272,605.33	05/19/2000	160099
44	39	OFFSETTING ENTRY							272,605.33CR	05/19/2000	160099

DISBURSEMENT TOTAL

160099

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS 0.00
 NUMBER OF GROSS CHARGE LINES 0
 GROSS COVERED CHARGES 0.00
 NET COVERED CHARGES 0.00

160099

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PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
 ATTENTION : ROBERT B FLEMING
 DISBURSEMENT DATE : 05/19/2000

PLAN 660

FT400190-19900010
 REMITTANCE NUMBER 2000-099
 PAGE NUMBER 01

660099
 660099
 660099

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION

CODE	YEAR	EXPLANATION	ITEMS PAID		TOTAL	HIGH	AMOUNT PAID		TOTAL	DATE	PROCESSED
			HIGH	STANDARD			STANDARD				
A1	40	GROSS PREM WRITTEN 1STQTR							8,407,655.34	05/19/2000	660099
44	40	OFFSETTING ENTRY							8,407,655.34CR	05/19/2000	660099
A3	40	PRGM INTEREST INC 1STQTR							58,000.57	05/19/2000	660099
44	40	OFFSETTING ENTRY							58,000.57CR	05/19/2000	660099
10	40	CONTRACT AGT EXP 04302000							34,086.05	05/19/2000	660099
44	40	OFFSETTING ENTRY							34,086.05CR	05/19/2000	660099
A1	39	GROSS PREM WRIT ADJ							650,212.88	05/19/2000	660099
44	39	OFFSETTING ENTRY							650,212.88CR	05/19/2000	660099
A3	39	INTEREST INC ADJ							116,863.56	05/19/2000	660099
44	39	OFFSETTING ENTRY							116,863.56CR	05/19/2000	660099

DISBURSEMENT TOTAL

660099

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS 0.00
 NUMBER OF GROSS CHARGE LINES 0
 GROSS COVERED CHARGES 0.00
 NET COVERED CHARGES 0.00

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Query Name: GLC750 FOREIGN_JRNL_BUTTON_

Bus Unit: AIC
 Ledger: ACTUAL

Page: 1

Run Date 06/05/2000

Journal ID: FEP31A Journal Date: 05/31/2000

Description: To Record Additional Mail Order Drug and Retail Pharmacy

Source: NME

Acctg Per: 5

Journal Status: N

Reversal: None

Reversal Date:

Line	Product	Account	AB	Affil	Dept	Proj	Subdv	Rsk	Cov	LOB	HSA	Project	Debit Amount	Credit Amount	Stat Amount	Reference#	Line Description
1	NFEP	70300040						40	130	21	95	OH000	4,647,165.57	0.00	0.00		Benefits Dir-SA-Pharmacy
2	NFEP	50300015						40	130	21	95	OH000	0.00	-4,647,165.57	0.00		Prem Direct-SA-Pd Clin
												Totals	4,647,165.57	-4,647,165.57	0.00		

Query Name: GLC7501 REIGN_JRNL__BUTTON__

Bus Unit: AICJ
 Ledger: ACTUAL

Page: 1

Run Date: 06/28/2000

Journal ID: FEP31 Journal Date: 06/30/2000

Description: To Record Mail Order Drug and Retail Pharmacy (paycodes

Source: NME

Acctg Per: 6

Journal Status: N

Reversal: None

Reversal Date:

Line	Product	Account	AB	Affil	Dept	Proj	Subdv	Rsk	Cov	LOB	HSA	Project	Debit Amount	Credit Amount	Stat Amount	Reference#	Line Description
	NFEP	70300040						40	130	21	95	OH000	4,702,304.70	0.00	0.00		Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	OH000	0.00	-4,702,304.70	0.00		Prem Direct-SA-Pd Clm
	NFEP	70300040						40	130	21	95	IN000	3,401,572.80	0.00	0.00		Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	IN000	0.00	-3,401,572.80	0.00		Prem Direct-SA-Pd Clm
	NFEP	70300040						40	130	21	95	KY000	2,771,818.22	0.00	0.00		Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	KY000	0.00	-2,771,818.22	0.00		Prem Direct-SA-Pd Clm
												Totals	10,875,695.72	-10,875,695.72	0.00		

PLAN NAME : COMMUNITY MUTUAL INSURANCE COMPANY
 ATTENTION : KAY KRAKE CW2 272
 DISBURSEMENT DATE : 06/21/2000

PLAN 332

FT400198-19980010
 REMITTANCE NUMBER 2000-006
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION

CODE	YEAR	EXPLANATION	HIGH	STANDARD	TOTAL	HIGH	STANDARD	TOTAL	DATE
11	40	DRUG CLAIM ALLOC 05312000						2,242,487.24	06/21/2000
44	40	OFFSETTING ENTRY						2,242,487.24CR	06/21/2000
38	40	RPP BENEFIT EXP 05312000						2,459,817.46	06/21/2000
44	40	OFFSETTING ENTRY						2,459,817.46CR	06/21/2000
39	40	RPP ALLOC FEES 05312000						46,401.36	06/21/2000
44	40	OFFSETTING ENTRY						46,401.36CR	06/21/2000

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

Σ = 4,702,304.70

HDR1*****FT48RPTS**B*****

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC PLAN 130 FT400198-19980010 130000
 ATTENTION : MS BARBARA GRIFFITH REMITTANCE NUMBER 2000-009 130000
 DISBURSEMENT DATE : 06/21/2000 PAGE NUMBER 01 130000

PAYMENT SUMMARY INFORMATION

CODE	YEAR	CONTRACT	EXPLANATION	ITEMS PAID		TOTAL	HIGH	AMOUNT PAID		TOTAL	DATE	PROCESSED
				HIGH	STANDARD			STANDARD				
11	40		DRUG CLAIM ALLOC 05312000							1,596,109.10	06/21/2000	130000
44	40		OFFSETTING ENTRY							1,596,109.10CR	06/21/2000	130000
14	40		DEMAND MGT EXP							23,775.23	06/21/2000	130000
44	40		OFFSETTING ENTRY							23,775.23CR	06/21/2000	130000
38	40		RPP BENEFIT EXP 05312000							1,805,463.70	06/21/2000	130000
44	40		OFFSETTING ENTRY							1,805,463.70CR	06/21/2000	130000
39	40		RPP ALLOC FEES 05312000							54,117.50	06/21/2000	130000
44	40		OFFSETTING ENTRY							54,117.50CR	06/21/2000	130000
DISBURSEMENT TOTAL												130000
SUMMARY OF BATCHES												130000
AMOUNT PAID APPLIED TO REFUNDS												0.00
NUMBER OF GROSS CHARGE LINES												0
GROSS COVERED CHARGES												0.00
NET COVERED CHARGES												0.00

$\Sigma = 3,401,572.80$

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC PLAN 630 FT400198-19980010 630120
 ATTENTION : MS BARBARA GRIFFITH REMITTANCE NUMBER 2000-128 630120
 DISBURSEMENT DATE : 06/21/2000 PAGE NUMBER 01 630120

PAYMENT SUMMARY INFORMATION

CODE	YEAR	CONTRACT	EXPLANATION	ITEMS PAID		TOTAL	HIGH	AMOUNT PAID		TOTAL	DATE	PROCESSED
				HIGH	STANDARD			STANDARD				
10	40		CONTRACT AGT EXP 05312000							106,298.53	06/21/2000	630120
44	40		OFFSETTING ENTRY							106,298.53CR	06/21/2000	630120
DISBURSEMENT TOTAL												630120
SUMMARY OF BATCHES												630120
AMOUNT PAID APPLIED TO REFUNDS												0.00
NUMBER OF GROSS CHARGE LINES												0
GROSS COVERED CHARGES												0.00
NET COVERED CHARGES												0.00

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
 ATTENTION : ROBERT B FLEMING
 DISBURSEMENT DATE : 06/21/2000

PLAN 160

FT400198-19980010
 REMITTANCE NUMBER 2000-122
 PAGE NUMBER 01

160122
 160122
 160122

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION

CODE	YEAR	EXPLANATION	ITEMS PAID			HIGH	AMOUNT PAID		DATE
			HIGH	STANDARD	TOTAL		STANDARD	TOTAL	
10	40	CONTRACT AGT EXP 05312000						49,386.58	06/21/2000160122
44	40	OFFSETTING ENTRY						49,386.58CR	06/21/2000160122
11	40	DRUG CLAIM ALLOC 05312000						1,250,848.57	06/21/2000160122
44	40	OFFSETTING ENTRY						1,250,848.57CR	06/21/2000160122
14	40	DEMAND MGT EXP						16,977.50	06/21/2000160122
44	40	OFFSETTING ENTRY						16,977.50CR	06/21/2000160122
38	40	RPP BENEFIT EXP 05312000						1,520,969.65	06/21/2000160122
44	40	OFFSETTING ENTRY						1,520,969.65CR	06/21/2000160122
39	40	RPP ALLOC FEES 05312000						50,909.77	06/21/2000160122
44	40	OFFSETTING ENTRY						50,909.77CR	06/21/2000160122

DISBURSEMENT TOTAL

160122

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS
 NUMBER OF GROSS CHARGE LINES
 GROSS COVERED CHARGES
 NET COVERED CHARGES

0.00
 0
 0.00
 0.00

Σ = 2,771,818.22

160122
 160122
 160122
 160122

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
 ATTENTION : ROBERT B FLEMING
 DISBURSEMENT DATE : 06/21/2000

PLAN 660

FT400198-19980010
 REMITTANCE NUMBER 2000-122
 PAGE NUMBER 01

660122
 660122
 660122

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION

CODE	YEAR	EXPLANATION	ITEMS PAID			HIGH	AMOUNT PAID		DATE
			HIGH	STANDARD	TOTAL		STANDARD	TOTAL	
10	40	CONTRACT AGT EXP 05312000						36,200.25	06/21/2000660122
44	40	OFFSETTING ENTRY						36,200.25CR	06/21/2000660122

DISBURSEMENT TOTAL

660122

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS
 NUMBER OF GROSS CHARGE LINES
 GROSS COVERED CHARGES
 NET COVERED CHARGES

0.00
 0
 0.00
 0.00

660122
 660122
 660122
 660122

Query Name: GLC7501 EIGN_JRNL_BUTTON_

s Unit: AICI
 iger: ACTUAL

Page: 1

Run Date 06/29/2000

Journal ID: FEP31A Journal Date: 06/30/2000
 scription: To reverse Feb. recording of Mail Order Drug and Retail

Source: NME

Acctg Per: 6

Journal Status: N

Reversal: None

Reversal Date:

BusDiv/ e	Product	Account	AB	Affil	Dept	Proj	Subdv	Rsk	Cov	LOB	HSA	State Cd/ Project	Debit Amount	Credit Amount	Stat Amount	Reference#	Line Description
NFEP	70300040							40	130	21	95	OH000	0.00	-4,241,399.30	0.00		Benefits Dir-SA-Pharmacy
NFEP	50300015							40	130	21	95	OH000	4,241,399.30	0.00	0.00		Prem Direct-SA-Pd Clm
NFEP	70300040							40	130	21	95	IN000	0.00	-2,922,741.89	0.00		Benefits Dir-SA-Pharmacy
NFEP	50300015							40	130	21	95	IN000	2,922,741.89	0.00	0.00		Prem Direct-SA-Pd Clm
NFEP	70300040							40	130	21	95	KY000	0.00	-2,412,015.07	0.00		Benefits Dir-SA-Pharmacy
NFEP	50300015							40	130	21	95	KY000	2,412,015.07	0.00	0.00		Prem Direct-SA-Pd Clm
												Totals	9,576,156.26	-9,576,156.26	0.00		

Query Name GLC750 REIGN_JRNL_BUTTON_

us Unit: AICI
 edger: ACTUAL

Page: 1

Run Date 07/03/2000

Journal ID: FEP31 Journal Date: 02/29/2000

Description: To Record Mail Order Drug and Retail Pharmacy (Paycodes 11 & Source: NME Acctg Per: 2 Journal Status: P Reversal: None Reversal Date:

Line	Product	Account	AB	Affil	Dept	Proj	Subdy	Rsk	Cov	LOB	HSA	Project	Debit Amount	Credit Amount	Stat Amount	Reference#	Line Description
	NFEP	70300040						40	130	21	95	OH000	4,241,399.30	0.00	0.00		Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	OH000	0.00	-4,241,399.30	0.00		Prem Direct-SA-Pd Cln
	NFEP	70300040						40	130	21	95	IN000	2,922,741.89	0.00	0.00		Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	IN000	0.00	-2,922,741.89	0.00		Prem Direct-SA-Pd Cln
	NFEP	70300040						40	130	21	95	KY000	2,412,015.07	0.00	0.00		Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	KY000	0.00	-2,412,015.07	0.00		Prem Direct-SA-Pd Cln
												Totals	9,576,156.26	-9,576,156.26	0.00		

* BCBSA Director's Office sent
 the wrong file, remit. amts.
 received in Feb were incorrect.

Unit: AICI
Journal to be copied: FEP31 02/29/2000
09-FEB-2000
30-JUN-2000
30-JUN-2000
New Journal: FEP31A 05/30/2000
Currency Effdt: 06/30/2000
Reverse Signs Y

Journal copied successfully

End of Report

Query Name: GLC7501 REIGN_JRNL_BUTTON_

is Unit: AICI
 dger: ACTUAL

Page: 1

Run Date: 06/29/2000

Journal ID: FEP31B Journal Date: 06/30/2000

Description: To Record Correct Feb Mail Order Drug and Retail Pharmacy

Source: NME

Acctg Per: 6

Journal Status: N

Reversal: None

Reversal Date:

BusDiv/	Product	Account	AB	AI	Dept	Proj	Subdv	Rsk	Cov	LOB	HSA	Project	Debit Amount	Credit Amount	Stat Amount	Reference#	Line Description
NFEP	70300040							40	130	21	95	OH000	5,529,375.29	0.00	0.00		Benefits Dir-SA-Pharmacy
NFEP	50300015							40	130	21	95	OH000	0.00	-5,529,375.29	0.00		Prem Direct-SA-Pd CIm
NFEP	70300040							40	130	21	95	IN000	3,875,809.48	0.00	0.00		Benefits Dir-SA-Pharmacy
NFEP	50300015							40	130	21	95	IN000	0.00	-3,875,809.48	0.00		Prem Direct-SA-Pd CIm
NFEP	70300040							40	130	21	95	KY000	3,237,246.97	0.00	0.00		Benefits Dir-SA-Pharmacy
NFEP	50300015							40	130	21	95	KY000	0.00	-3,237,246.97	0.00		Prem Direct-SA-Pd CIm
												Totals	12,642,431.74	-12,642,431.74	0.00		

PLAN NAME : COMMUNITY MUTUAL INSURANCE COMPANY
 ATTENTION : KAY KRAKE CW2 272
 DISBURSEMENT DATE : 02/29/2000

PLAN 332

FT400198-19980010
 REMITTANCE NUMBER 2000-005
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION		ITEMS PAID			AMOUNT PAID		DATE
CODE	YEAR	HIGH	STANDARD	TOTAL	HIGH	STANDARD	PROCESSED
11	40						
44	40						
38	40						
44	40						
39	40						
44	40						
A1	38						
44	38						
A3	38						
44	38						

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

HDR1*****FT4BRPTS**B*****

Σ = 5,529,375.29